

CHUBB®

Western Claim Service Center
P.O. Box 42065
Phoenix, AZ 85080
O (925) 598-6000
F (623) 308-3481

May 20, 2019

Farber & Co
333 Hegenberger Road, Suite 504
Oakland, CA 94621

Re:	Employee:	Jonathan Shockley	MAY 22 2019
	Employer:	Biotelemetry Inc	
	D/Injury:	2/15/2019	
	Policy No.:	000071738154/000090	
	Claim No.:	040519008736	
	Company:	Chubb Indemnity Insurance Company	

In accordance with the Rules of Practice and Procedures of the Workers' Compensation Appeals Board, we submit the following:

(X) Medicals as follows: All Medicals received from: 03/21/19 to 05/20/19.

Patrick O. Lang, M.D.-dated 04/16/19.
Golden Gate Hand Therapy-dated-03/18/19, 03/18/19, 03/20/19, 03/27/19, 04/01/19,
04/03/19, 04/08/19.

Very truly yours,

Mario Castro
Claims Examiner

**PROOF OF SERVICE
1013A (3) CCP**

STATE OF CALIFORNIA, COUNTY OF CONTRA COSTA

I am employed in the County of Contra Costa, State of California. I am over the age of 18 and not a party to the within action. My business address is 2603 Camino Ramon, Suite 300, San Ramon, CA 94583-9136.

On May 20, 2019 I served the foregoing document described as a <Insert name of document being sent>, on the interested parties in this action by placing a true copy thereof enclosed in a sealed envelope with postage thereon fully prepaid, in the United States mail at San Ramon, California addressed as follows:

Farber & Co
333 Hegenberger Road, Suite 504
Oakland, CA 94621

Executed on May 20, 2019, in San Ramon, California.

I declare under penalty of perjury, under the laws of the State of California that the above is true and correct.

Pamela M. Allen
Signature

Pamela M. Allen
Typed or Printed Name

The Hand Center of San Francisco, Inc

Kyle D Bickel, MD

Patrick O Lang, MD

Hand and Wrist Surgery

Upper Extremity Reconstruction

Microsurgery

Reconstructive Surgery

April 16, 2019

Chubb/WC
Po Box 42065
Phoenix, AZ 85080

RE: Jonathan Shockley
Employer: Biotelemetry
DOI: 06/25/2018
Claim #: 040519008736

TREATING PHYSICIAN'S PROGRESS REPORT/PR2

Dear Ladies and Gentlemen:

HISTORY OF INJURY This patient has been under my care for treatment of his bilateral upper extremity repetitive strain injury. His current occupation requires intensive sustained use of a computer and mouse. This has generated a vague bilateral upper extremity pain that has been refractory to conservative management.

PRESENT STATUS Improved.

CURRENT SUBJECTIVE COMPLAINTS The patient continues to report pain in multiple locations in the bilateral hands, wrists, and forearms. These symptoms continue to wax and wane relative to his computer use.

PHYSICAL EXAM Physical exam is entirely within normal limits. Tinel's sign in the ulnar nerve at the elbow and the median nerve at the wrist is negative bilaterally. Forearm compartments are soft and nontender bilaterally. Wrist and digital range of motion is normal, and sensation is intact distally bilaterally.

IMPRESSION/DIAGNOSIS Bilateral upper extremity repetitive strain injury.

TREATMENT RECOMMENDATIONS This patient has a clear case of repetitive strain injury affecting his bilateral upper extremities. He has made some adjustments to his ergonomic workstation and has seen some mild improvement in his symptoms. He continues to report that his pain is exacerbated by a computer use. We will maintain his work restrictions from computer use for the next six weeks. He will also continue working with his occupational hand therapist. I can see him back in six weeks for follow-up.

Patient Name Shockley, Jonathan

Date of Visit 2019-04-16

Page 2 of 2

WORK STATUS Modified duty with no computer use.-

FOLLOW-UP I will see him back in six weeks for follow-up. He is approaching Permanent and Stationary status.

Please let me know if I can be of any further help.

Sincerely,

Patrick O Lang, M.D.

Cal Lic #A106890

POL/kt

ELECTRONICALLY SIGNED BY PATRICK O LANG, MD

Executed at San Francisco, CA. Date: 4/17/2019 8:59:18 AM

I declare under penalty of perjury that this report is true and correct to the best of my knowledge and that I have not violated California Labor Code 139.3

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Occupational Therapy Initial Examination

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Visit No.: 1

Date of Initial Examination: 03/18/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand
Treatment Diagnosis: ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand

Subjective

Treatment Side: Left, Right

History of Present Condition/Mechanism of Injury: Pt is a RHD Male who uses a mouse for work primarily analyzing EKG; Pt reports over time it got worse on both hands. Pt stopped working 1 month ago because he realized if he kept going, it would get worse. Pt uses a mouse mostly for work.

Pt reports he is not currently very optimistic about going back to work, and will likely return part-time rather than full time. Pt reports most of his coworkers had a bad set up and also had bad posture.

Pain Location: Bilateral hands

Pain Scale: Worst: 3 Best: 1 Current: 1

Home Health Care: No

Medical History Review: The patient's occupational profile and medical and therapy history includes a brief history with review of medical and/or therapy records related to the presenting problem.

Mental Status/Cognitive Function Appears Impaired? No

Objective

Inspection

Patient Consent

Patient/Parent/Guardian Consent Yes

Range of Motion

Comments

Wrist R L
Flex 46 60
Ext 78 78
UD 37 28
RD 16 16

Strength

Comments

R L
Grip 65, 55 64, 48
3Pt 10 10
Lat 16 14

Special Tests

Comments

Cozen's (-)
reverse Cozen's (-)
tinels @ carpal tunnel (-)
Tinel's @ guyon's canal (-)
Tinel's at cubital tunnel (-)
phalen's (-)

Occupational
Therapy
Initial
Examination

Assessment

Assessment/Diagnosis: Pt presents with pain and decreased function that affects ability to complete I/ADLs.

Patient Clinical Presentation: Patient presents with no comorbidities that affect occupational performance. Modification of tasks or assistance with assessment is not necessary to enable completion of evaluation component.

Patient Education: Intro'd workstation set up/ergonomics, contrast baths, FA stretches, ducks penguins, CBs

Rehab Potential: Good

Contraindications to Therapy: None

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP

Long Term Goals:

1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks.

Plan

Frequency: 1-2 times a week

Duration: 6 weeks

Plan: Begin Plan as Outlined

Treatment to be provided:

Procedures

Therapeutic Exercises, Therapeutic Activity, Manual Therapy, Massage, Splinting/Taping, Iontophoresis (Dexamethasone, 40mA/min), Patient Education

Modalities

To Improve (Pain Relief, Decrease Inflammation, Increase Blood Flow, Improve Tissue Healing), Electrical Stimulation, Ultrasound/Phonophoresis, Paraffin Bath, Cryotherapy, Hot Packs

Certification of Medical Necessity: It will be understood that the treatment plan mentioned above is certified medically necessary by the documenting therapist and referring physician mentioned in this report. Unless the physician indicates otherwise through written correspondence with our office, all further referrals will act as certification of medical necessity on the treatment plan indicated above.

Thank you for this referral. If you have questions regarding this plan of care, please contact me at (415)359-1444. Please sign and return: Fax#: (415)447-3868

I certify the need for these services furnished under this plan of treatment and while under my care.

___ I have no revisions to the plan of care.

___ Revise the plan of care as follows _____

Annie Ting

Annie Ting

License #18714

Electronically Signed by Annie Ting on March 18, 2019 at 4:46 pm

Physician Signature _____

P. Lang, MD

Date: _____

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/18/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand
Visit No.: 1
Insurance Name: One Call PT/ Align Networks

Date of Original Eval: 03/18/2019
Treatment Diagnosis: ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand

Subjective

Treatment Side: Left, Right
Pain Location: Bilateral hands
Pain Scale: Worst: 3 Best: 1 Current: 1
Home Health Care: No
Mental Status/Cognitive Function Appears Impaired? No

Objective

Objective Findings

Eval completed.
MHP/Paraffin to bilateral hands, MHP to bilateral FA, Intro'd to HEP consisting of FA stretches/CBs/intro to proper positioning and ergo/ducks and penguins

Assessment

Assessment/Diagnosis: Pt presents with pain and decreased function that affects ability to complete I/ADLs.

Patient Education: Intro'd workstation set up/ergonomics, contrast baths, FA stretches, ducks penguins, CBs

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be l with HEP |

Long Term Goals:

1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

Plan

Instructions: Progressing Patient Next Visit
45 min tx.

Annie Ting

Annie Ting

License #18714

Electronically Signed by Annie Ting on March 18, 2019 at 4:46 pm

040519008736

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/20/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:
Pain in left hand

Date of Original Eval: 03/18/2019

Visit No.: 2

Treatment Diagnosis: ICD10: M79.641: Pain in right hand,
M79.642: Pain in left hand

Insurance Name: One Call PT/Align Networks

Subjective

Treatment Side: Left, Right

Current Complaints / Gains: "I'm surprised this injury is lasting so long."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

Objective

Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, US 0.5 w/cm2 3 MHz R volar distal FA cont, cupping/graston along FA

Assessment

Assessment/Diagnosis: Pt w/ diffuse discomfort along bilateral FA flexors/extensors; unable to pinpoint specific sites of pain as "everything is painful."

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

Plan

Instructions: Progressing Patient Next Visit

45 min tx.

F/U w/ cupping/graston and continue if appropriate

Annie Ting

Annie Ting

License #18714

Electronically Signed by Annie Ting on March 20, 2019 at 3:53 pm

040519008736

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 03/27/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:
Pain in left hand
Visit No.: 4

Date of Original Eval: 03/18/2019
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,
M79.642: Pain in left hand

Insurance Name: One Call PT/ Align Networks

Subjective

Treatment Side: Left, Right

Current Complaints / Gains: Pt reports that he hasn't tested the pain as he is limiting all of his activities. He states that he has minor relief following therapy sessions.

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

Objective

Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, US 0.5 w/cm2 3 MHz R volar distal FA cont, cupping/graston along FA, red flexbar pro/sup 15x, 1# wrist curls 15x3, reviewed HEP, pt edu on prox strengthening, review of ergo principles.

Assessment

Assessment/Diagnosis: Weakness in (B) FA's is likely limiting activity tolerance for computer use.

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

Plan

Instructions: Progressing Patient Next Visit
45 min tx.

Focus on strengthening proximally & distally

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/01/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand

Date of Original Eval: 03/18/2019

Visit No.: 5

Treatment Diagnosis: ICD10: M79.641: Pain in right hand, M79.642: Pain in left hand

Insurance Name: One Call PT/ Align Networks

Subjective

Treatment Side: Left, Right

Current Complaints / Gains: PT states he has started strengthening at home and he was surprised how heavy a 1# weight felt for him

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

Objective

Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 15x, 1# wrist curls 20x each plane, brown gripper 3rd notch 10x bilaterally, intrinsic strengthening adduction, HEP given for putty strengthening ex

Assessment

Assessment/Diagnosis: Weakness persists in (B) UE, poor tolerance w/ strengthening ex

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

1: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10

2. Pt will understand and implement proper positioning for I/ADLs.

3. Pt will increase grip strength bilaterally by 10#

4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

Plan

Instructions: Progressing Patient Next Visit

45 min tx.

F/U purchasing putty for HEP strengthening

Annie Ting

Annie Ting

License #18714

Electronically Signed by Annie Ting on April 1, 2019 at 4:23 pm

040519008736

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/03/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:
Pain in left hand
Visit No.: 6
Insurance Name: One Call PT/Align Networks

Date of Original Eval: 03/18/2019
Treatment Diagnosis: ICD10: M79.641: Pain in right hand,
M79.642: Pain in left hand

Subjective

Treatment Side: Left, Right

Current Complaints / Gains: Pt states he found a putty at home and has been using that for exercises.

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

Objective

Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 20x, 1# wrist curls 20x each plane, red Tband ER/IR/rows 15x bilateral, bicep curls 5# 15x

Assessment

Assessment/Diagnosis: Better tolerance to strengthening

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.
- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

- 1: (2 Weeks) | 1. Pt will be I with HEP |
- 2: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |
- 2: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

Plan

Instructions: Progressing Patient Next Visit
45 min tx.

Cont w/ strengthening as tolerated

Annie Ting

Annie Ting

License #18714

Electronically Signed by Annie Ting on April 3, 2019 at 3:43 pm

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Daily Note / Billing Sheet

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Referring Physician(s): Lang, Patrick MD

Date of Daily Note: 04/08/2019
Injury/Onset/Change of Status Date: 02/15/2019
Diagnosis: ICD10: M79.641: Pain in right hand, M79.642:
Pain in left hand

Date of Original Eval: 03/18/2019

Visit No.: 7

Treatment Diagnosis: ICD10: M79.641: Pain in right hand,
M79.642: Pain in left hand

Insurance Name: One Call PT/Align Networks

Subjective

Treatment Side: Left, Right

Current Complaints / Gains: Pt states he gets flare ups even with the exercises at home. "I ordered these things that I put on my head and it can help me move the mouse and use my phone. It hasn't come in yet. I am surprised at how little I use my phone/computer causes my hands to hurt."

Home Health Care: No

Mental Status/Cognitive Function Appears Impaired? No

Objective

Objective Findings

MHP/Paraffin to bilateral hands, MHP to bilateral FA on foam roller, backstrokes and snow angels, STM bilateral FA flexors/extensors, red flexbar pro/sup 2x20, 1# wrist curls 2x20 each plane, red gripper 5 Kg 10x each plane bilateral, c/p

Assessment

Assessment/Diagnosis: Low tolerance for strengthening

Rehab Potential: Good

Patient Problems:

- Decreased function and increased pain affecting ability to complete I/ADLs.
- Decreased function and increased pain affecting ability to complete I/ADLs.

Short Term Goals:

- 1: (2 Weeks) | 1. Pt will be I with HEP |
- 2: (2 Weeks) | 1. Pt will be I with HEP |

Long Term Goals:

- 1: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |
- 2: (6 Weeks) | 1. Pt will decrease pain to 0-1/10
2. Pt will understand and implement proper positioning for I/ADLs.
3. Pt will increase grip strength bilaterally by 10#
4. Pt will be able to return to work part time while implementing proper positioning/breaks. |

Plan

Instructions: Progressing Patient Next Visit

Golden Gate Hand Therapy
1700 California St Ste 440
San Francisco, CA 94109-4592
Phone: (415)359-1444
Fax: (415)447-3868

Patient Name: Shockley, Jonathan
Date of Birth: 09/27/1978
Document Date: 04/08/2019

Daily Note / Billing Sheet

45 min tx.

Plan is to cont w/ strengthening as tolerated until the 12th visit and to have minimal computer use -- i.e. no "testing" to see if pt is able to handle more time @ computer.

MD appt is 4/18

Annie Ting

Annie Ting
License #18714
Electronically Signed by Annie Ting on April 8, 2019 at 3:52 pm